

Ionizing Radiation Division		IRD-G-09
PREVENTIVE ACTION		

PREVENTIVE ACTION FORM

REASON FOR PREVENTIVE ACTION

PREVENTIVE ACTION TAKEN

New protocol

Revised protocol

Modify equipment (explain below or on separate sheet of paper)

Addition or replacement of equipment

Equipment

Vendor

Other (explain below or on separate sheet of paper)

Preparer _____

Date _____

Group Leader _____

Date _____

Quality Manager _____

Date _____

Date preventive action implemented into full service:
